Filed 10/03/2007 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Department of Justice **United States Marshals Service**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

PLAINTIFF UNITED STATES OF AMERICA							COURT CASE NUMBER 3:07CV813-MHT			
DEFENDANT ONE REMINGTON RIFLE and ONE MARLIN RIFLE							TYPE OF PROCESS COMPLAINT, NOTICE & WARRANT			
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN									
•	REX A. MAY, SR.									
AT	· ·	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)								
	171 COUNTY R	OAD 603 - WEDO	OWEE, AL	ABAMA 36	278	-				
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:						Number of process to be served with this Form - 285		3		
John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197						Number of parties to be served in this case				
						Check for service on U.S.A.				
SPECIAL INST	FRUCTIONS OR OTHE nbers, and Estimated Tim	R INFORMATION THE les Available For Servi	IAT WILL AS	SSIST IN EXP	EDITING SERV	ICE (Include	Business and Alte	rnate A	Address, All	
AGENCY # 7	776045-07-0115 F	PHONE: (256) 357-4	693 REX A	. MAY, SR.						
Signature of Attorney of other Originator requesting service on behalf of : Description						TELEPHONE NUMBER (334) 223-7280		DATE 69/10/07		
	SPACE BELOW	FOR USE OF U	.S. MARSI	HAL ONLY	- DO NOT	WRITE B	ELOW THIS	LIN	E	
I acknowledge re number of proces (Sign only first U one USM 285 is s	knowledge receipt for the total ber of process indicated. Total Process District of Origin District to Serve Signa of process indicated. No No No No					Authorized USMS Deputy or Cl:erk Date				
I hereby certif the individual,	y and return that I A have company, corporation, et	ve personally served, [tc. at the address shown	have legal e	vidence of serv	rice, D have exc company, corpor	ecuted as show ration, etc., sh	n in "Remarks", own at the addres	the pross	ocess described on red below.	
☐ I hereby cert	ify and and return that I am	unable to locate the individ	lual, company,	corporation, etc.,	named above (See	remarks below)				
Name and title of individual served (If not shown above).						A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)						Date of Ser	vice 1-07	Time	0.125 8	
						Signature o	fU.S. Marshal or	Deputy		
Service Fee	Total Mileage Charges (including endeavors) Forwarding Fee		Total Char	ges A	Advance Deposits	Amoun O	Owed to US Marshal or		Amount or Refund	
REMARKS:		R		D AND F	ILED					
PRIOR EDITION	NS MAY			- 3 <u>2001</u>		 	FORM	USM	285 (Rev. 12/15/80)	